

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 8841  
Registrar's No. 2324

Registration District No. 7911

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Homer G. Phillips Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community \_\_\_\_\_ unknown  
years, months or days)

3. (a) PRINT FULL NAME Alex Robinson

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race Col 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Jennie Robinson 6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased Aug 20th 1909  
(Month) (Day) (Year)

8. AGE: Years 30 Months 6 Days 12 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Memphis Tenn  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business Pool Hall

MOTHER FATHER { 12. Name Al Robinson  
13. Birthplace unknown Tenn  
(City, town, or county) (State or foreign country)  
14. Maiden name Roxie Reditt  
15. Birthplace unknown N. C  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Jennie Robinson  
(b) Address 3812 Page Ave

17. (a) Burial (b) Date thereof 3-9-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director A. B. Richards  
(b) Address 2675 Glasgow

19. (a) MAR 9 1940 (b) A. B. Richards  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County \_\_\_\_\_  
(c) City or town St Louis //  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3810 Page Avenue  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. Native years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 2nd  
year 1940 hour 5:00 minute P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death Laceration and hemorrhage of Brain; Laceration of Lung; Hemothorax; Fractured Skull; due to gunshot wounds, suffered when shot with gun in the hands of one, Harvey Due to Burton, Col., in front of about 2312 Chestnut Street, about 4:15 A.M.  
Other conditions March 2, 1940, in self defense  
(Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings: NO  
Of operation \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) Justifiable Hom.  
(b) Date of occurrence March 2nd, 1940  
(c) Where did injury occur? 21 St. Louis, Mo.  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
In Public Place

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury S

23. Signature Joseph M. [illegible] (If other)  
Address Deputy [illegible]

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed

*W. F. Richards*

Licensed Embalmer No. *2928*

P. O. Address *2625 Glasgow*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.